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CONTENTS.

CLINICS.		On the Action of Mercury, Podophyllin, and Taraxacum on the Biliary Secretion . . .	43
CLINICAL LECTURES.		Active Principle of Ergot . . .	43
Clinical Lecture on Croup, and the Diseases which resemble it . . .	33	Hypodermic Aperiants . . .	43
Clinical Remarks on a Case of Deafness in connection with Heredito-Syphilis . . .	35	Ether & Chloroform . . .	43
HOSPITAL NOTES AND OBSERVATIONS.		An Antidote to Chloroform . . .	43
Wound of the Optic Nerve from a Stab with a Knife without Injury to the Globe . . .	39	Death from the Self-administration of Chloroform . . .	44
Saturnine Gout . . .	39	Formula for Vomiting in Gastric Catarrh . . .	44
Diagnosis of Fracture of Neck of the Femur . . .	41	Compression of the Left Subclavian Artery . . .	44
Galvano-Cautery . . .	41	Treatment of Hydrarthrosis . . .	44
MEDICAL NEWS.		Harmlessness of Puncture of the Liver by the Aspirator . . .	44
<i>Domestic Intelligence</i> —New York State Medical Society . . .	42	Foreign Bodies in the Digestive Canal . . .	45
New York Academy of Medicine . . .	42	A Simple Means of tying in a Catheter when the Ordinary Eyelets are wanting . . .	45
Boston Medical and Surgical Journal . . .	42	The Epidemic of Typhoid Fever at Over Dar-won . . .	46
The Medical Record . . .	42	Scarlet Fever during Pregnancy . . .	46
Obituary Record . . .	42	Strange Obstetric Practice . . .	46
<i>Foreign Intelligence</i> —Treatment of Neuroses by Phosphorus . . .	42	Pollution of Rivers . . .	47
Resignation of Sir Henry Thompson . . .	47	Obituary Record . . .	47
STOKES ON FEVER . . .			16 PAGES.

CLINICS.

CLINICAL LECTURES.

Clinical Lecture on Croup, and the Diseases which resemble it. By Sir WM. JENNER, Bart., M.D., Professor of Clinical Medicine in University College, Lond., etc.

GENTLEMEN: There are no cases more trying to the young practitioner than those the chief symptoms of which are due to impediment to the passage of air through the larynx. There is no time to think over such a case; the patient needs to be relieved at once. The friends are alarmed, and, properly so; for death is, in every such case, imminent. The degree of danger, the probability of a fatal termination, varies, however, with the nature of the cause of the impediment.

The acute diseases which I have seen, thus impeding the passage of air through the larynx I may enumerate as follows: (Edema of the aryteno-epiglottidean folds; rapidly developed inflammation; terminating in suppuration, of a cyst in the immediate vicinity, or in the substance, of one aryteno-epiglottidean fold; suppurative inflammation of the cellular tissue external to the larynx, compressing the larynx; catarrhal inflammation of the larynx; membranous inflammation of the larynx; paralysis of the larynx; spasm of the larynx.

You will at once see that the relief possible to be afforded in these cases varies considerably, and that the mode of giving the relief must also vary. To confound, as I have seen confounded, a col-

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lection of matter external to the larynx with membranous inflammation of the larynx itself, is to cause, if I may say so, the death of the patient; for the means which it would be proper to use in membranous inflammation of the larynx would, I need not say, be impotent as a remedy for the difficulty of breathing due to a deep-seated collection of matter in the cellular tissue. Hence I am about to-day to describe the means of distinguishing from each other these various forms of difficulty of breathing, and at the same time to point out to you the mode of affording relief to the patient in the several special affections.

I think we shall best clear the way, so to speak, by considering first the two diseases which, in the above enumeration, I have placed last—spasm and paralysis of the larynx.

"Laryngismus stridulus," "spasmodic" or "false croup," is limited to infants, especially affecting children during the period of dentition. It is supposed by many to be a reflex action, the source of irritation being the teeth. This idea is favoured by the fact that the majority of children who suffer from laryngismus stridulus have, for their age, too few teeth. We shall see presently, however, that it is doubtful whether the relation between the two conditions is one of direct causation.

The symptoms of laryngismus stridulus are so marked that, once aware of the existence of such a disease, you can hardly confound it with any other. He who had never seen a case before would know it at once if he were acquainted with its symptoms. It needs no experience to make the diagnosis.

You will see a great many children who, from the description of their attacks by their nurses, you know to be the subjects of laryngismus stridulus, before you see the child in the attack itself, and for the reason that the attack rarely lasts more than a few seconds. It is often brought on by trifling causes, and the nurse may be able to tell you what will bring it on. So, if disposed to witness the symptoms of laryngismus stridulus, you may be tempted to induce an attack.

But remember that a child not very unfrequently dies in an attack; and I myself, twice, in my comparatively inexperienced days, nearly killed a child by bringing on an attack—once that I might myself witness the attack, and once, years after, that I might show it to my class.

I will describe to you, briefly, the characters of a severe attack of laryngismus stridulus. The child is seized suddenly with an inability to inspire. It seems as if about to die from inability to get the breath through the larynx. At this time there is no noisy breathing, no "croupy" sound. The larynx seems absolutely closed. The face and lips are slightly livid, but pale, often very pale. There is no movement of respiration, and the child, as in one of the cases to which I just referred, that in which I was displaying the case to my class, may seem dead. I thought it was dead; the mother thought it was dead, and flew from the room, leaving the child in my arms. The students around thought of course with the mother and myself. Then comes a crowing inspiration. The larynx is evidently partly open, and entering air produces a crowing sound. The child gets its breath, its colour returns, and in a few minutes it is as well as it was before. In the case to which I have alluded, when the mother returned in a few minutes with her husband to take the child away, it was sitting up and laughing at one of the students. When this occurred I had never seen a fatal case, and did not know the dangerous nature of the trial, for, instead of getting its breath, the child may die—may die in an instant. The rapidity with which death occurs is remarkable. Not long since I saw a child who had had many attacks, but was supposed to be having them much less severely. I saw the child in its room, well, as I was assured, and as it seemed, so far as its breathing was concerned. It had had fewer and less severe attacks than it had been in the habit of having. But I had not reached the door when the child was dead.

The attacks are not at first so severe as that which I have described to you. Usually the mother or the nurse notices

a little crowing inspiration, perhaps on first waking, perhaps only when the child is danced, when something startles it. In the intervals the child is, as regards its breathing, and may be in the opinion of the friends, in tolerable health. It is said perhaps to be quite well in the intervals of the attacks. We shall see presently that it is not well.

When the attacks are severe, the friends will often bring the child to you, saying that it has "fits." So beware, when you hear that a child has had many fits, that you inquire a little into the case before you conclude that such fits are ordinary convulsions. The crowing inspiration, so peculiar and characteristic, will always enable you to separate this laryngeal affection from convulsions commonly so called. At the same time, remember that it is not uncommon to have contractions of the thumbs and great toes, and not very rare to have contractions of all the fingers, of the wrists and ankles, so that the hand may be flexed and rigid, and the soles of the feet turned inwards, and the feet extended, between the attacks, and sometimes the child has attacks of general convulsions.

This affection of the larynx, this spasm which closes the larynx, and so interferes with the entrance of air into the chest, never lasts long enough to produce extreme lividity. The appearance of a child is rather that of fainting, with slight blueness as well as pallor. The child either dies, or, the spasm relaxing, air enters, and it recovers. There is no period of imperfect aeration of blood—i.e., of lividity, but sudden and absolute closure of the passage through the larynx.

This spasm of the larynx is said to be due, in some cases, to cerebral congestion. Formerly it was supposed that the great bulk of such cases depended on this, and I remember that when I was a young practitioner the first question one asked one's self concerning such a case was, Is it dependent on cerebral congestion? As the great bulk of the cases were held to be due to that cause, leeching was common, and I, unfortunately, was the unhappy cause of the death of a child by leeching. The leech divided imperfectly

a twig of the temporal artery, and the loss of blood killed the child.

Now, I may say that for the last twenty-five years I have not seen a single case of laryngismus stridulus depending on cerebral congestion, and, therefore, I have strong misgivings whether I ever did see one. There is no doubt that laryngismus stridulus is occasionally conjoined with hydrocephalus, but whether in such cases the laryngismus is due to the hydrocephalus is in my mind a matter of very grave doubt. I am inclined, and very decidedly inclined, to the opinion that the two are due to a common cause, to the constitutional state to which I am about to refer, as that which is all but invariably present in laryngismus stridulus, namely, rickets. Laryngismus stridulus is exceedingly common in rickety children, and, where the larynx is in other particulars healthy, is almost limited to rickety children. Now you will understand why it is that these children, the subjects of laryngismus stridulus, are so often supposed to be the subjects of difficult dentition; for you know, I trust, that rickety children are very late in cutting their teeth, and that the retarded dentition is not the result in these cases of any difficulty in the passage of the tooth through the gum, but is due to a want of developmental power. So, in these cases, the large head so often present is due, remember, to that peculiar condition of the white matter of the brain, especially of the anterior lobes, which is common in rickets. And, again, the wide fontanelle is the result, not of the accumulation of fluid within the cranial cavity, not to excess of blood there, but to defective bone growth, and is part of the local manifestation of the rickety cachexia.

All this will lead you, I think, to the conclusion that laryngismus stridulus occurs in those of weakly constitution, as it is termed. You know how sensitive the nervous system of the child is, how easily convulsive affections are induced in children. Even in the healthy child the nervous system is, as some one has expressed it, "always at full-cock, ready to go off like a hair-trigger." You know, moreover, that whatever weakens any one

renders the nervous system more irritable, more sensitive, and such a person is liable to be thrown into a convulsion by trifling causes. I mean by "trifling causes" that the exciting cause need be but trifling. In all intermediate convulsive affections—epilepsy, hysteria, for example—we have the two conditions to consider: the general state of the nervous system and the excitant of the attack. Here, in laryngismus stridulus, the excitant may be the stomach, bowels, teeth—in fact, at any part of the system. In treating such a case we look for the excitant; but this is often out of our immediate reach, sometimes—often—not to be found. We have seen how trifling it may be—a draught of cold air, a start may suffice. When we know it we cannot in the majority of instances guard the patient from the direct excitant, but we may in almost all instances render the child's system so strong—remove, that is, the extreme excitability of the nervous system—as to render the child insusceptible to the attacks.

In treating laryngismus stridulus, therefore, you must endeavor so to strengthen the child that its nervous system may be less sensitive. We do this first by attention to the child's diet. In a large number of cases the child is being underfed, or fed with food unsuited to its years—rather, perhaps, one should say, unsuited to its stage of development. As I have told you, these rickety children are developed below their years.

We endeavour to strengthen the child's constitution, also, by careful general management. Many of these children are kept in the house. They are said to be subject to attacks of croup, and they are kept in-doors that they may not catch cold. You must insist upon their getting fresh air. You must attend likewise to the various other points proper for the treatment of rickets and the constitutional cachexia from which the child is suffering, by the administration of iron, cod-liver oil, and generally of that class of remedies. Cod-liver oil is, as you know, considered by some to be a specific in the treatment of rickets. Attention must be given especially to the state of the bowels.

But remember that you will do harm by attempting to correct disordered secretion by courses of alterative treatment. The mildest aperients occasionally are all that is required—a little rhubarb or rhubarb-and-soda. I cannot tell you the horror with which I regard the excessive use of gray powder in these cases.

Lastly, the bromides of potassium and ammonium have a special effect in rendering the nervous system less sensitive to reflex irritation, and are of great service in preventing the attacks of laryngismus stridulus till such time as the constitution is strengthened by other means. Bromide, according to my experience, should be given in rather large doses at infrequent intervals. Full doses night and morning are, I think, better than doses frequently repeated during the day.

I have referred to paralysis of the larynx. There are persons who maintain that laryngismus stridulus itself is a paralysis of the larynx; but the disease to which I refer is certainly a very different affection from laryngismus stridulus. There is a constant noisy inspiration—crowing, but hoarser rather than the crow of laryngismus stridulus. There is little evidence of impediment to the entrance of air—I mean, as manifested by the recession of the soft parts. Although it may begin pretty acutely, the disease is a chronic one, and is quickly separated from any of the other diseases of the class to which I am now directing your attention. So far as my experience goes it is a rare affection. I have seen a few cases. The best marked terminated in extensive cerebral softening, and was, I think, connected with the syphilitic cachexia.

Laryngismus stridulus—this pure spasm of the larynx (for if the child dies no trace of the laryngeal affection remains) is almost limited to the rickety, and is quite limited to the young child—the infant. But it is not uncommon, nay, I should say it is very common, to have a certain amount of spasm, often a considerable amount, superadded to a catarrhal affection of the larynx in children of a more advanced age, during the first dentition, and occasionally in older children of from five to eight, nine, or ten years of age.

This disease is not unfrequently confounded with true croup, and the diagnosis is often very difficult in a first attack, for some time at least; nay, I think I may say that it is almost impossible to be sure at the outset of the affection that you have not to deal with a case of true croup. I say "in a first attack," for children who have had one such attack are very liable to a recurrence of the disease, and these are the children who are said to have had "several attacks of croup." I say "these are the children who are said to have had several attacks of croup," because no child ever has several attacks of true croup, and certainly would not have recovered from several attacks; true croup being, as we shall see, one of the most fatal diseases of childhood.

This disease, catarrhal laryngitis accompanied with spasm, begins with a little febrile disturbance and a little hoarseness, perhaps a little cough. The child is supposed to have caught cold. It goes to bed, and, in an hour or two, wakes up with considerable difficulty of breathing. The breathing is not only difficult but noisy, and the child, if it be of any age, is commonly alarmed. You find it more or less feverish, usually sitting up in bed, and with the tracheal breathing. On listening to the chest it is not uncommon to hear a little sonorous rhonchus. It is at this stage of the affection that the diagnosis is difficult—as I say, in many cases impossible. But bear this in mind, that experience shows that the great bulk at least of cases of so-called croup are really cases of diphtheria, and that diphtheria commencing in the larynx—i. e., the exudation commencing in the larynx—is exceedingly rare. Usually, as we shall see presently, it commences in the pharynx and spreads downwards to the larynx; and although the pharyngeal symptoms may have been most trifling, you will usually find on examining the pharynx, unequivocal evidences of the diphtheritic nature of the disease. So, if you were called to such a case as I have just described to you, you would at once examine the pharynx.

These cases of catarrhal laryngitis with

spasm are the attacks that are so quickly cured by an emetic. An emetic acts in such a case, it seems to me, in three ways. In the first place, it empties the stomach completely, and in doing so it removes one source, a common source in the child, of reflex action; secondly, by the nausea and slight faintness it produces, it relaxes the spasm; and, thirdly, it promotes free secretion from the laryngeal and bronchial mucous membrane, and so relieves the catarrhal affection. The best emetic is ipecacuanha. Usually the action of the emetic is sufficient to make the diagnosis clear. The patient is at once relieved, falls asleep, breathes quietly, showing how large a share spasm played in the affection. In the morning the child awakes free from febrile disturbance, and only a little hoarseness remains to tell the nature of the case. Persons who have a child subject to this affection have commonly learned the value of emetics, and I have known those who in travelling always took with them an emetic lest the child should have an attack of "croup." After the emetic has acted it is well to clear out the bowels by a brisk purgative, as, for example, a dose of calomel and jalap. Without treatment the disease will subside, but then it will last much longer. I have seen a case, left to itself, go on, with spasm varying in degree, for two or three days.

The affection, then, consists in a catarrhal inflammation of the larynx, with spasm superadded. It is a local affection, and when frequently repeated occasionally leaves behind it a disagreeable hoarseness. The child's voice is a little changed. It is probable, certain in some cases, that a little thickening of the mucous membrane remains from the repeated attacks of catarrhal inflammation.

Children subject to this affection do require considerable care. They are susceptible to cold, and especially to damp cold. A single exposure is often sufficient to induce an attack. So you must urge upon the friends the greatest care to avoid the exciting cause. The strongest children may suffer from it. It is in no way connected with the rickety or other cachexia.

—*Lancet*, Jan. 2, 1875.

Clinical Remarks on a Case of Deafness in connection with Heredito-Syphilis. By JONATHAN HUTCHINSON, Esq.—The case which elicited the following remarks was that of a young woman, aged seventeen, who exhibited the teeth and physiognomy characteristic of inherited syphilis. She had, in the course of about two months, become absolutely deaf in both ears. There had been no otorrhœa and no pain, but tinnitus had been very troublesome.

Mr. Hutchinson remarked that the case was a good example of the more severe form of deafness from hereditary syphilis. He had seldom known the hearing lost so rapidly, but in all other respects the facts of the case fitted exactly with those of many others.

The failure of hearing is usually somewhat sudden, and is unattended by any evidence of inflammation; the patient has neither pain nor discharge, and otoscopic inspection usually reveals nothing abnormal. He believed that the opinion which he had first advanced, as to the disease being connected with the nerve itself, was the correct one. In the case of the eye it is not at all uncommon for heredito-syphilitic patients to become almost blind from choroiditis disseminata; and in some comparatively rare cases almost complete amaurosis is produced by neuritis of the optic nerves. Both these lesions are most distinctly and positively to be associated with inherited syphilis. In the cases in which they occur, very usually there is a history of an attack of keratitis having gone before; and in both the function of sight is either much damaged or wholly lost without the occurrence of any pain or external evidence of inflammation. It is probable that parallel diseases occur in connection with the nerve apparatus of hearing. Opportunities for obtaining positive knowledge by post-mortem examination have as yet not occurred. The subjects of inherited syphilis who have advanced past the period of childhood are, Mr. Hutchinson added, remarkably tenacious of life. He had only on two or three occasions had the opportunity of making a post-mortem in such a case, and in none of these was the symptom of deafness present. His belief in the nerve origin

of the deafness must therefore, he said, be considered for the present as a matter of inference, and not of proof; but the facts certainly point very clearly in that direction. As regards treatment, Mr. Hutchinson stated that he was sorry to be obliged to admit that the knowledge of the true cause of the malady does not help much. In a majority of cases no very definite improvement takes place under either iodides or mercurials. In some cases—a minority—the patients become absolutely and permanently deaf; in others the function is very much damaged; and in a third group almost perfect recovery results. There is not usually much reason for believing that the recovery is in connection with the treatment; still it is probably the safest plan to use mercurials, but they should be employed with careful attention to the patient's health, so that no depression may occur.

The first description of this form of deafness, and the first statement as to its connection with inherited syphilis, is, we believe, that given by Mr. Hutchinson in 1863. In Mr. Hinton's edition of Toynbee's work on Diseases of the Ear a very interesting note respecting it has been introduced. Mr. Hinton states that, at Guy's Hospital, of his aural patients one in twenty is affected with it, that it usually makes its appearance between the tenth and sixteenth years, and that the great majority of the cases which he has seen have been in females. He adds, "Patients suffering from this disease may, as a rule, at least when young, be at once distinguished by the amount of deafness which they exhibit. I know no other affection except fever which, in a person under twenty, brings on a deafness so rapid and so nearly complete. In the course of a few weeks a girl previously hearing well will, without pain or known cause, become unable to distinguish words." It will be seen that this latter statement fits exactly with the facts of the case which we have recorded.—*Med. Times and Gaz.*, Jan. 16, 1876.

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HOSPITAL NOTES AND GLEANINGS.

Wound of the Optic Nerve from a Stab with a Knife without Injury to the Globe.

—The following very rare and curious accident came under the care of Mr. Lawson in July, 1874:—

A young man, aged twenty-seven, was engaged in a street fight, when his opponent struck at his head with a clasp-knife. The blade penetrated the rim of the wide-awake hat he was wearing, passed through the upper eyelid, close to the upper edge of the orbit, and onwards to the optic nerve, which it wounded, but without touching the globe. The man declared he was instantly blinded. He was positive that he could see well with the eye before he received the wound, and on being struck was immediately aware of the loss of sight. Since the injury he had felt greatly the imperfection of being able to see with only one eye. These statements of the man are important, as they show that previous to the stab he enjoyed sight with both his eyes, and that the ophthalmoscopic appearances were the result of the injury and not of pre-existing disease.

On admission, the pupil was slightly dilated and uninfluenced by light. The globe was uninjured, but on the upper eyelid there was a recent scar indicating the site at which the knife penetrated the orbit, and this scar corresponded to the cut in the rim of the hat through which the knife first passed. The eye was quite blind; it had not even perception of ophthalmoscopic light. Examined with the ophthalmoscope, the optic nerve presented the appearance of commencing atrophy. The optic disk was whiter than that of the other eye, and the arteries were small and thready. The humours of the eye were perfectly clear.

The man has since been several times at the hospital, and when last seen, about three months after the accident, the optic disk had assumed the milky white and flattened appearance of confirmed atrophy.—*Lancet*, Jan. 2, 1875.

Saturnine Gout.—A young man, aged 29, had worked since he was a lad in an

oil-cloth factory, and had had much to do with white lead. On two occasions, he had had colic, but rapidly recovered under treatment. For some weeks, he had not felt well, being weak, and having flying pains about him; but he had continued his work until a few days before admission, when his present colicky symptoms appeared, which, increasing in severity, obliged him to come to the hospital.

On admission into Guy's Hospital, his principal symptom was colic. He was a spare, pale young man, with a well-marked blue line on the gums; his left foot was painful, from inflammation of the ball of the great toe, which exactly resembled gout. The urine was slightly albuminous, and the radial artery was somewhat hard. He was first ordered opium, and afterwards croton oil; and, when free of the colic, iodide of potassium.

Clinical Remarks by Dr. Wilks.—You may observe here two sets of symptoms; those directly due to poisonous effects of the lead, and those due the gout induced by the lead. There are apparently, therefore, two different classes of symptoms due to lead, the direct and the indirect.

The symptoms due directly to lead are especially seen in the anæmia and atrophy, which persons long subject to its influence so markedly show. The atrophy may be due to the same action long continued, of which we make use beneficially in arresting hemorrhage, and to the power which this metal exerts, through the nervous system, in contracting the arterioles, and so stopping the flow of blood. At all events, those who are poisoned by lead soon begin to waste away, and their muscles become smaller and smaller, until they are unable to stand or raise their hands to their heads. This wasting of the muscles exactly resembles what is seen in the idiopathic progressive muscular atrophy, and, what is very remarkable, is amenable to remedies. The most extreme cases of muscular atrophy of this kind which I have seen have been cured, and more especially by galvanism; the continuous current being the most beneficial, as faradisation has very little influence over the wasted muscle. When a

patient has muscular atrophy, dropped wrist, or colic, your suspicions of lead-poisoning are aroused; but I would have you to remember, that persons who are working continuously in lead, or grinding it, often suffer more rapidly and acutely from the metal; though, as no marked symptoms exist, you might easily overlook the cause. An example of the kind was lately under our notice in Mary Ward. A young woman had been working for some months in a lead-factory, when, becoming weaker and weaker, she was obliged to desist. When she came to the hospital, she was seen to have a pale waxy appearance, and was very thin. She complained only of debility. On mentioning her occupation, a blue line was found on the gums. We believe, therefore, that she was suffering from plumbism; we gave her iodide of potassium and nourishing diet, and she slowly regained her strength. Besides the anemia and muscular atrophy, if the poisonous effect still continue, the nervous centres become affected, and the patient becomes generally paralyzed and demented, or may have convulsions.

As regards the blue line, it is true that it is more marked on an inflamed gum around a decayed tooth, but in this case the line was well marked on a perfect set of teeth. It may be distinguished from the discoloration caused by carbon or other pigments, by the dotted appearance when seen under a lens. It is also said that, when the lead circulates afresh in course of elimination by means of the iodide, the patient may again have colic; this I have not noticed, but I have seen the blue line on the gums become much more marked under treatment.

One of the most interesting facts, however, in connection with lead-poisoning, is the production of gout, and apparently true gout; since the arthritic inflammation is due to the deposit of urate of soda in the joints. I have seen this gouty condition so very often, that I have no hesitation in confirming the statement of Garrod and others, by whom the remarkable connection was first observed; for, in several of my cases, the patients were young, and the ordinary predisposing and excit-

ing causes were not present. I believe the observation is comparatively recent, for the great authority on lead, Tanquerel des Planches, does not refer to it. It is true, that he has a chapter on saturnine arthralgia; but he evidently does not refer to the joints, but to the limbs, as his equivalent expression is "*douleurs neuralgiques des membres*," referring to nerve-symptoms, which, I may tell you, were known to the Greeks as one of the effects of lead.

It is remarkable, too, that, not only is genuine gouty inflammation of the joints caused by lead, but of a necessity all the other usual concomitants of gout. Therefore, it is constantly observed that workers in lead not only have chalky joints, but have granular kidney, thickened bloodvessels, and the other changes constantly met with in gout, and which are almost synonymous with those of Bright's disease. In the present case, the urine was slightly albuminous, and the arteries slightly rigid and tense, suggesting the early condition of the change which I name.

This connection of lead and gout is so remarkable, that we naturally try to discover where it lies. We must first ask ourselves what we mean by gout. We generally mean by it that morbid condition of system which is due to the production of an excess of urate of soda, owing to a malassimilation of food. Now, this may occur under various circumstances from different causes; as, for example, the taking of too much nitrogenous food or wines, which directly favour its production; or, in other cases, from want of exercise, and consequent failure to get rid of the effete material; and, in other cases, to simple atony of the stomach in nervous and weakly subjects. The question, therefore, which we have to ask is, in what way lead-poisoning so affects the digestive and assimilative processes as to favour the production of this salt. This, we believe, is the question to be asked, and not a simple chemical one, because we find attacks of gout caused by disturbances of the nervous system, and relieved by such remedies as quina, mineral acids, and colchicum; causes and remedies

which can only indirectly affect the functions before named, and do not act by simple chemical methods. When we think we can solve difficult questions in pathology and therapeutics by known laws, let us ask ourselves how lead causes gout, and how colchicum cures it.—*British Med. Journ.*, Jan. 2, 1875.

Diagnosis of Fracture of the Neck of the Femur.—As in matters of mere worldly interest, we cannot in the practice of medicine and surgery afford to despise the day of small things. At a recent visit to Guy's we had an opportunity of observing some striking illustrations of the importance of attending to minute and apparently trivial details in surgical diagnosis. An old man about seventy years of age had fallen down and sustained some injury about the upper part of the thigh near the hip-joint. He was unable to walk, and was therefore taken to the hospital, where he was admitted into Job ward. There was some shortening of the right lower extremity, and great impairment of movement. The actual nature of the disease was not apparent, but it was probable that there was fracture at the neck of the femur. To ascertain definitely what was the seat of the shortening, Mr. Bryant adopted an ingenious, and, we believe, novel device. The measurements from the tip of the trochanter major to the lower border of the patella were first taken, and found to be equal on both sides. The question therefore was whether the shortening was at the neck of the femur. For this purpose, the patient being in bed, a vertical line was drawn from the tip of the anterior superior iliac spine on the outside of the hip to the horizontal plane of the body, then a second line from the tip of the trochanter major was drawn at right angles to this vertical line. The length of the second line was then measured and found to be three-quarters of an inch shorter on the injured side than a similar line on the opposite side of the body. By this means it was incontrovertibly shown that the shortening of the limb was entirely at the neck of the bone. Mr. Bryant has employed this mode of de-

termining shortening of the neck of the femur for some time past, and has found it of great utility. We refrain from saying more on the matter at present, as we understand that a paper on the subject, illustrated by diagrams, will shortly be read at a meeting of the Medico-Chirurgical Society. It seems, however, that "Bryant's line" will henceforth be as important in determining shortening at the neck of the femur as "Nélaton's line" is in the diagnosis of dislocation of the head of the bone.—*Lancet*, Feb. 6, 1875.

Galvano-Cautery.—The Paris correspondent of the *Brit. Med. Journ.* (Jan. 9, 1875) writes: "There were, at the time of my visit, in M. Labbé's wards, a number of cases of extensive multiple fistula of the sinuses—examples of these cases in which the disease has lasted for many years. If the sinuses have burrowed in several directions, spreading widely and deeply beneath the glutei, covered by a considerable thickness of tissue, often of a highly vascular character—in such cases, the incisions must extend far and widely; and from the extent of surface laid open, and the amount of bleeding, such operations often require a good deal of judicious determination and courage on the part of the surgeon, and are a severe trial to the patient. Here M. Labbé had used the galvanic cautery with very good results indeed. The application is not, of course, new, but it is useful. He has used it successfully in ablation of portions of the tongue, and of polypi, etc. He is careful to heat the wire only very moderately, and to proceed very slowly. By heating the wire too high, others have met with serious subsequent hemorrhages. This is indeed the frequent objection to the galvano-cautery. It may be avoided, as the experience of M. Labbé and others shows, by using the wire only at a very dull heat, and proceeding with great deliberation; thus, a section of the tongue may occupy twenty minutes, but then there is no subsequent tying of arteries. M. Labbé's experience of epithelial cancer of the tongue is not more favourable as to final result than that of other surgeons.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

New York State Medical Society.—The sixty-ninth annual meeting of this Society was held at Albany, on Feb. 2d, 3d, and 4th, Dr. George J. Fisher, of Sing Sing, President, in the chair. Two hundred and fifty-nine persons were registered as in attendance. A number of instructive and valuable papers were read, and the following officers were elected to serve for the ensuing year: President, Dr. Thomas F. Rochester, of Buffalo; Vice-President, Dr. Ellsworth Eliot, of New York; Secretary, Dr. E. R. Hun, of Albany; and Treasurer, Dr. Charles F. Porter, of Albany.

New York Academy of Medicine.—We are pleased to learn that the Academy of Medicine has just purchased for its own use, at a cost of \$42,500, a commodious building situated at No. 12 West Thirty-first Street, in the city of New York. It is proposed to build an addition in the rear for library purposes.

Boston Medical and Surgical Journal.—This old and excellent journal on the first of the new year changed publishers, and is now issued from the Riverside Press, Cambridge, by H. O. Houghton and Company of Boston, but still remains under the editorial management of Drs. J. Collins Warren and Thomas Dwight, Jr. It appears in a new and handsome dress, and the contents of the numbers so far issued are of more than usual interest. The Journal, while it has reached an age which entitles it to be called venerable, exhibits all the freshness and vigour of youth, and gives promise of usefulness for many years to come.

The Medical Record.—This Journal in its weekly issue retains the high standard of excellence in its editorial management which rendered it, in its semi-monthly form, so successful. The enterprise of the Messrs. Wood in giving the *Record* an hebdomadal issue will, we are sure, receive that encouragement from the profession which it deserves.

OBITUARY RECORD.—Died, Feb. 1, at Lexington, Ky., in the 77th year of his age, JAS. M. BUSH, M.D., formerly Professor of Surgery and Anatomy in Transylvania University, and in the Kentucky School of Medicine, Louisville, Ky. Dr. Bush was a very skilful and eminent surgeon, an admirable teacher, a gentleman of great personal worth, and was esteemed and respected by all classes of the community in which he lived.

FOREIGN INTELLIGENCE.

Treatment of Neuroses by Phosphorus.—Mr. T. F. SANGER has employed phosphorus with advantage in the neuroses. The preparations he employed are the ethereal solution (4 grains to 100), and the alcoholic solution (1 in 100); the dose of the former being two to four drops; of the latter, five to ten drops. He had given it with invariable relief in forty or fifty cases of neuralgia, excepting those proceeding from hepatic congestion, which he found speedily cured by half a drop of croton oil with five grains of compound rhubarb pill. His success with the remedy in neuralgia induced him to try it in other diseases which owed their origin to want of nerve-power, proceeding from innutrition of the nerve; and he detailed the particulars of four cases, by way of illustration, in which cure or signal benefit had resulted; viz.: 1. A case of paralysis agitans, in a woman aged 45, where the disease had existed four years, and was cured in two months; 2. A case of paraplegia after diabetes and sunstroke, in a man aged 46, where recovery was nearly perfect in four months; 3. A case of a widow aged 88, suffering from neuralgia of the sciatic nerve, with severe nocturnal exacerbations, which had been unrelieved by morphia, and only temporarily alleviated by chloral, but was cured by the phosphorus in ten days; 4. A case of a female aged 40, with paraplegia of four years' standing, in whom considerable restoration of motor power followed treatment for two months by phosphorus, in combination with small doses of tincture of perchloride of iron.—*Brit. Med. Journ.*, Jan. 9, 1875.

On the Action of Mercury, Podophyllin, and Tarazacum on the Biliary Secretion.—In some comments in the *Practitioner* (Dec. 1874) on the report of the committee of the British Medical Association, of which Dr. Bennett was Chairman, the reviewer says that the experiments made show that calomel and other mercurials, podophyllin and tarazacum, do not increase the secretion of bile in an animal having a biliary fistula. From the care with which these experiments were made, there can be little doubt of their correctness; but the opinions which Dr. Bennett founds on them, and supports with his usual force and vigour in the Appendix, are quite erroneous. He completely disregards the results of clinical experience, and condemns the use of mercury as a cholagogue because it does not increase the amount of bile poured out by the liver. He totally forgets the fact that what we want in cases of biliousness is not increased secretion by the liver, but removal of bile from the blood. As was pointed out in the June number of this journal, this result may be attained by the mercurials removing the bile from the intestine and preventing its reabsorption, quite as readily as by stimulating the liver to increased action.

Active Principle of Ergot.—Prof. LEVI, of the University of Pisa, has just made known, as the result of numerous analytical and experimental researches, that the physiological, therapeutical, and obstetric properties of ergot of rye are due to the presence of phosphoric acid, which it contains in abundance, much more than to its organic principles (like ergotin, ecbalin, etc.), to which until now had been exclusively ascribed all the various actions of the substance.—*Lancet*, Jan. 2, 1875.

Hypodermic Aperients.—M. LUTON found in 1873 that a subcutaneous injection of a solution of ten centigrammes of sulphate of magnesia in one gramme of distilled water acts as a laxative, or even as a true purgative. Subsequent investigations have also proved to him that these purgative hypodermic injections in the above dose suspend symptomatic vomiting in

cancer of the stomach, dyspepsia, and gastric catarrh. He also recommends their trial in the nervous vomiting of pregnancy, of migraine, of sea-sickness, and of essential ileus.—*Med. Times and Gaz.*, Jan. 9, from *Gaz. Méd.*, Jan. 1.

Ether v. Chloroform.—Very tardily but at last, the profession in Great Britain are beginning to discover their almost criminal error in the persistent use of chloroform as an anæsthetic, a custom which was imposed upon them by the authority of Sir James Simpson, and notwithstanding the mortality which it yearly caused, and the demonstration both in this country and France of the innocuousness of ether.

In an editorial entitled *Ether v. Chloroform* which appears in the *Lancet* for Jan. 30, 1875, we find an earnest advocacy of the use of ether which concludes as follows:—

We should hesitate to admit with the Americans that ether is absolutely safe; but we are prepared to believe that any small dangers which may attend upon it are under the control of vigilance and good management. With regard to chloroform the same cannot be said; and, as long as its employment is continued, it will continue to claim its occasional victims. It is surely incumbent upon every surgeon to guard the life of his patients, and to keep himself in the right, by the systematic employment of the anæsthetic which, so far as knowledge now extends, is at once as effectual as any other and more safe.

An Antidote to Chloroform.—Dr. SCHULLER has discovered that the nitrite of amyl quickly removes the effects of chloroform on the vessels of the pia mater, and that even in cases of advanced narcotism from the latter drug it rapidly relieves the dyspnoea and laboured respiration, restoring the strength of the pulse, and the reflex excitability. This discovery may prove of much practical value where chloroform continues to be the favourite anæsthetic.—*New York Med. Journ.*, Feb. 1875.

Death from the Self-administration of Chloroform.—On the morning of the 8th instant, a young gentleman who resided at Woolton was found dead in bed under the following circumstances: The deceased had suffered from "asthma and toothache," and it appears that he had been in the habit of inhaling chloroform for the purpose of inducing sleep. On the morning mentioned he did not make his appearance as expected, and, on the room being entered through the window, he was found dead in bed. The body was on the left side; the bedclothes were "up about" the face, though not covering it; and a pocket-handkerchief was over the mouth. Dr. Little, who was summoned, found the body in the posture just described, the limbs rigid, and the lower side "rather congested." A handkerchief was on the bed, and under the bolster was a small bottle containing about a teaspoonful of chloroform. The deceased had, in Dr. Little's opinion, been dead for several hours before he saw him, and had died from an over-inhalation of chloroform. The verdict of the jury was to the same effect.—*Med. Times and Gaz.*, Jan. 16, 1875.

Formula for Vomiting in Gastric Catarrh.—Mr. T. LAUDER BRUNTON gives the following formula which he has found very useful in gastric catarrh and subacute gastritis:—

R.—Bismuthi subnit. gr. x.
Potass. bromid. gr. xv.-xx.
Acid. hydrocyan. dil. ℥v.
Spt. chloroform. ℥x.
Mucilag. tragacanth. fl. ʒij.
Aqua ad fl. ʒj.

Sig.—To be taken every three or four hours.

The medicine should be given about ten minutes before food, so as to diminish the irritability of the stomach and prevent the rejection of the nourishment, and it is often advisable to make the patient lie down on the left side during or immediately after the meal. A tendency to vomit is often increased by lying on the right side.—*Practitioner*, Dec. 1874.

Compression of the Left Subclavian Artery.—On the 2d inst. Mr. MCGILL, of Leeds, performed an interesting operation in a case of left subclavian aneurism, by cutting down upon the first part of the left subclavian artery, and compressing it for ten hours and a half by means of torsion forceps. The case had been previously treated with great temporary benefit by galvano-puncture. The details of the previous operations were published in *The Lancet* in 1874, vol. ii. p. 9. After numerous galvano-punctures the patient was able to follow her occupation of mill cook without any discomfort. For many weeks there was very slight pulsation in the aneurism, but gradually the pulsation became more forcible, and further interference was rendered necessary. Up to the time of going to press, the patient was doing well. It may be observed that the first part of the subclavian artery has only been ligatured *once*—namely, by Dr. J. K. Rodgers, of New York, in 1846.—*Lancet*, Jan. 9, 1875.

Treatment of Hydrarthrosis.—In cases of dropsy of the joints, especially that of the knee, Dr. BERGERET finds that continued application of bags of hot sand answer better than any other kind of treatment. When the acute stage is passed, and whatever may be the cause of the dropsy, he wraps the joint in a thick layer of cotton-wool, and applies to this a sack containing two or three litres of fine and very hot sand. The dropsy disappears in a few days. The sand must be very hot, and the heat may be kept up by means of covering with a blanket. The sand must not be too thick in the bag, so that it may extend easily on the knee, and overhang the hydrarthrosis in every direction.—*Lancet*, Jan. 16, 1875, from *Journal de Thérapeutique*.

Harmlessness of Puncture of the Liver by the Aspirator.—Dr. BERENGER-FÉRAUD concludes in these words an article on this subject (*Bull. de Thérap.*, Dec. 15): "This constant harmlessness in sixteen different cases, and after twenty-one punctures, seems to me to be of a nature

to embolden practitioners inclined to employ the aspirator, whether as a means of diagnosis or as a therapeutical agent in certain diseases of the abdomen; and I believe that the fear of traversing a certain extent of the proper tissue of the liver with the trocar, and of puncturing the organ, whether sound, congested, or hyperæmic, should not in future serve as a ground for declining to operate."—*Med. Times and Gaz.* Jan. 9, 1875.

Foreign Bodies in the Digestive Canal.—

The incident of the *homme à la fourchette*, the man who swallowed a fork in Paris in April last, has inspired Dr. Mignon with the idea of collecting all records of similar cases. He has been able to find details of one hundred and sixty-three, and it would be difficult to imagine anything more astonishing than the catalogue (given in the *Union Médicale* for Nov. 3) of the objects swallowed by either veritable lunatics, or what may be termed sane idiots. Amongst the very indigestible and uncomfortable items catalogued we find fifteen gold medals, hair rings innumerable, 175 francs, a shoe buckle, nine inches of a sword blade, very sharp scissors, eighty pins, a baby's bottle, the castor of a night-stool, an entire set of dominoes (the size of which however is not stated), one hundred *louis d'or*, a flute four inches long, a glass phial, thirty-five knives, a clay pipe, from fourteen to fifteen hundred pins, a bar of lead weighing a pound, a whetstone, and (in three instances) a table fork. But the most extraordinary of all these cases occurred in the instance of a convict who died at Brest, in 1773, and on whose body a necropsy was performed. The stomach was completely displaced and occupied the left hypochondrium, the lumbar and iliac regions of the one side extending into the pelvis nearly as far as the foramen ovale; it contained fifty-two different objects, weighing altogether one pound ten ounces. Amongst them was a part of the hoop of a barrel, nineteen inches long and one wide. M. Mignon has classified these 163 cases into three categories. 1. Foreign bodies which passed through the whole extent of the digestive canal with scarcely any injurious results. 2. For-

eign bodies which have passed through the whole extent of the digestive track, with more or less serious results, but ultimate recovery. 3. Foreign bodies, which have passed through the whole digestive track, causing serious disturbance and fatal results. 4. Cases in which the foreign body has not been passed. 5. Cases in which operations have been performed. It is a remarkable fact that the cases of death caused by the presence of foreign bodies in the digestive tubes are less numerous than might be expected. Out of the 163 cases, we only find ten deaths from this cause. To these must be added two deaths after operation, making altogether twelve, or 7.3 per cent. There appears, therefore, to be no great cause for the surgeon to be over-anxious in these cases, but to remember, that, unless there should either be some complications in the general health or some special indication, it will be as well for him not to interfere, and above all things not to perform gastrotomy, save as a last resource. Of this last operation M. Mignon relates five cases; amongst them being those which Mr. Neal, in 1855, and Mr. Bell, in 1859, thought themselves obliged to perform, the one in order to extract a bar of lead ten inches long, and weighing a pound, the other to do the same with a bar of lead, nearly twelve inches long, and weighing more than nine ounces. In both these cases the symptoms were very serious, comprising violent pains in the stomach, twitchings along the vertebral column, sickness, and general prostration. The foreign bodies could not be felt through the abdominal walls, but the surgeons decided on performing the operation, thinking that the sufferers had no chance of relief by expulsion *per anum*. The success of the operations was fortunately complete.—*Lond. Med. Rec.* Dec. 2, 1874

A Simple Means of tying in a Catheter when the Ordinary Eyelets are wanting.—This is effected by fitting on a small piece of India rubber tubing to the proximal end of the catheter. A double thread is then passed through the India rubber at one side so as to lie between the inside of the tube and the outside of the catheter.

The thread thus passed is next tied firmly round the tubing, and by this means it is firmly secured to the catheter. The two free threads forming each end are then knotted, and to the loops thus formed the ordinary tapes are fastened. A plug can then be inserted, and, owing to the elasticity of the tube, will always accurately fit and prevent any escape of urine. Mr. ANNANDALE further remarked, that as far as he was aware, this simple method had not yet been described, but that on this point he would be glad of any information. Dr. Watson observed that he had already used this method.—*Edin. Med. Journ.*, Jan. 1875.

The Epidemic of Typhoid Fever at Over Darwen.—It is announced that the official report on the outbreak of fever at Over Darwen will shortly be made public. So long ago as October last, Dr. STEVENS was despatched by the Local Government Board to institute inquiries into the cause of the epidemic, and it is the result of his investigations which will in a little time be published. Meanwhile, there appears every reason to suppose that the outbreak, as usual, was the result of pollution of drinking-water. Rumour has it that the first case of typhoid fever imported into Over Darwen occurred in a house at some considerable distance from the town; the sufferer contracted the disease, came home, and died from it. The distance of this house from the town, and the circumstance that its sanitary arrangements were held to be good, also that there was apparently no communication from the house with the water drunk by the sufferers in the subsequent epidemic, diverted attention from this important case, which nevertheless, it is said, will be found to have been the cause of all the illness which followed. On first inquiry, it was stated that the town derived its water supply from a distant and unpolluted source, and that the water was brought by covered channels into the town, and could by no means be polluted by the excreta from this first case. A minute investigation which was presently instituted revealed a startling contradiction of this statement. The drain of the

closet into which the excreta of the first patient passed, emptied itself into a neighbouring field for agricultural purposes; through this field also passed the water-main conveying the water supply of the bulk of the inhabitants of Over Darwen. At the point of supposed contact of the pipe with the drains, special precautions had been taken to prevent any infiltration of sewage into the water; but when the earth was dug up to ascertain how far these precautions were efficient, it was found that just above the spot where the cement had been placed there was a leak, which allowed the contents of the drain to be freely sucked into the water-pipe; and thus, as the typhoid poison was thrown down the drain, it passed into the water-main, and was constantly mixed with the drinking-water on its way to the town.

The epidemic in Over Darwen, which has caused such universal attention to be directed to it, attacked no less than 2035 persons within a very short period, and occasioned the return of 104 deaths as its result.—*Med. Times and Gaz.*, Jan. 16, 1875.

Scarlet Fever during Pregnancy.—Dr. M. WILLIAMS relates (*Brit. Med. Journ.*, Jan. 9, 1875) the case of a female in the eighth month of her pregnancy who passed safely through a sharp attack of scarlet fever. The skin of her child when born was desquamating, showing that it had had the disease in utero.

Strange Obstetric Practice.—M. BLONDEAU brought before the Therapeutic Society of Paris, in November last, the case of a lady who, in previous confinements, had suffered from considerable hemorrhage. When six months advanced in pregnancy she had violent epistaxis, which nothing would stop, and, as she was dying from loss of blood, transfusion of human blood was had recourse to with Collin's apparatus, and succeeded. The pulsations of the child, which had vanished, were heard again, and the fœtus was extruded. (It is not said whether it lived.) No attempts were made to remove the placenta, for fear of hemorrhage, and it was left

for a week, during which time the patient progressed favourably. At last the after-birth came away spontaneously, but shivering immediately occurred; fever and tympanitis set in, and the poor lady died, as stated by the narrator, of puerperal septicæmia. We leave obstetricians to think about this case, and venture to say that in general the removal of the placenta arrests hemorrhage rather than favours it, even in a six months' case. That the patient was hæmophilic was probably no barrier; nay, having lost much blood by epistaxis, she was more likely to absorb the noxious products of a decomposing placenta.—*Lancet*, Jan. 9, 1875.

Pollution of Rivers.—[This subject is at present attracting much attention in Great Britain, and great efforts are being made to arrest the evils resulting from this cause.] Several members of Parliament, representing Yorkshire constituencies, and others, waited on the Home Secretary and the President of the Local Government Board, on Saturday, to point out the evils arising from the pollution of rivers in the manufacturing districts, and to urge the government to bring in a bill on the subject. The right hon. gentlemen expressed their satisfaction at the feeling of the mill-owners in the matter, and assured the deputation that the government are sensible of the importance of the question.—*Brit. Med. Journ.*, January 23, 1875.

An influential meeting was held at Edinburgh on the 21st instant, the Duke of Buccleuch in the chair, to consider a report read by Mr. MacIntosh on the pollution of the Scotch rivers. Sir Robert Christison, in moving the adoption of the report, said that his connection with movements of a similar kind dated from 1830; he thought that with regard to the three great necessities of life, food, drink, and air, no one ought to be entitled to pollute any of these articles; nay, more, he came to the conclusion that this was a case in which prescription ought not to apply. It was evident, moreover, from the recent action of government in sending out commissions, that, sooner or later,

an end would be put to the systematic pollution of our rivers. The report was unanimously adopted. We are glad to find that action is being taken throughout the country to remove this great evil. We are convinced that much of the waste products of manufactures at present poured into our rivers might be utilized and made a source of profit, whilst the evils of pouring our sewage into streams, too often the only source of water supply, are daily becoming more obvious, as Mr. Cross admitted the other day, in the increase of "excremental disease" throughout the country.—*Lancet*, Jan. 30, 1875.

SIR HENRY THOMPSON, the well-known author of several valuable works on diseases of the genito-urinary organs, in consequence of the pressure of private practice, has been led to resign his post of Surgeon to University College Hospital and his Professorship of Clinical Surgery in the College.—*Lancet*, Jan. 9, 1875.

OBITUARY RECORD.—Died, in London, on the 31st of December, 1874, FRANCIS KIERNAN, F.R.S., in the seventy-fifth year of his age.

This distinguished anatomist is best known to the scientific world by his investigations into the minute anatomy of the liver, with which his name will be forever associated, and which gained for him the Fellowship of the Royal Society with the Copley Medal.

— In Dublin, on the 13th of January, at the advanced age of 83 years, ROBERT ADAMS, M.D., late Regius Professor of Surgery in the University of Dublin.

He was well known to the profession in this country through his writings. For Todd's "Cyclopædia" he wrote on "Abnormal Conditions of the Joints," and in the Dublin Hospital Reports he published a classical essay "on Disease of the Heart." In 1857 he published the first edition of his well-known work on "Rheumatic Gout, or Chronic Rheumatic Arthritis," and the second edition, published in 1873, was accompanied by a superb atlas of plates illustrative of the deformities caused by, and the pathology of, this curious affection.

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cystitis, and prostatitis, paralysis, atony, juvenile incontinence, tumors, etc., have been discussed in a brief, but thorough manner. No physician's library is complete without "Thompson on the Urinary Organs."—*Nashville Journ. of Med. and Surg.*, Jan. 1875.

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